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MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. 606 Live Oak St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>February</u> <u>1</u> 19 <u>16</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER		
<u>Guadalupe Villarrreal</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Juana Lopez Villarrreal</u>			

I HEREBY CERTIFY that the child described herein has
been named

Guadalupe Enripue Villarrreal
(Give name in full) (Surname)
Guadalupe Villarrreal
(Parent's Signature)
Dr. Cron
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

Form X

753-201-153